

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ending Spending Action Fund

ADDRESS (number and street)

610 S. Boulevard

☐ Check if different than previously reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489856

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
11 04 2014in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2014

through

M M / D D / Y Y Y Y Y Y
10 15 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2014

To:

 M M / D D / Y Y Y Y Y
 10 15 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		3059.03
(b) Cash on Hand at Beginning of Reporting Period.....	7145528.27	
(c) Total Receipts (from Line 19)	1150999.00	18391871.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8296527.27	18394930.19
7. Total Disbursements (from Line 31)	5993679.13	16092082.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2302848.14	2302848.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2014

To:

M M / D D / Y Y Y Y
10 15 2014

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1150999.00

18291322.16

(ii) Unitemized

0.00

549.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1150999.00

18291871.16

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1150999.00

18291871.16

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

100000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1150999.00

18391871.16

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1150999.00

18391871.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	295.46	93230.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	295.46	93230.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	5993383.67	15898751.58
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5993679.13	16092082.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5993679.13	16092082.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1150999.00	18291871.16
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1150999.00	18291771.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	295.46	93230.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	295.46	93230.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Kojaian Management Corp.

Mailing Address 39400 Woodward Avenue
Suite 250

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.5883

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Paul Land

Mailing Address 1701 Porter. S.W., #6

City State Zip Code
Wyoming MI 49519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Land & Co.

real estate exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period

450000.00

Full Name (Last, First, Middle Initial)

C. Mara M. Letica Saad

Mailing Address 1292 Circle Court

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Letica Corporation

executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)..... ►

600000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Mara M. Letica Saad

Mailing Address 1292 Circle Court

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Letica Corporation

Occupation

executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Mayfair Associates, LLC

Mailing Address 31731 Northwestern Highway, #250W

City State Zip Code
Farmington MI 48334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.5827

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. J. Michael Perkins

Mailing Address P. O. Box 404

City State Zip Code
Haymarket VA 20168

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period

999.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75999.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Joseph W. Rogers Jr.

Mailing Address 1245 W. Garmon Road

City State Zip Code
Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waffle House, Inc.

Occupation

chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.5887

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Rex A. Sinquefield

Mailing Address 244 Bent Walnut

City State Zip Code
Westphalia MO 65085

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period

250000.00

Full Name (Last, First, Middle Initial)

C. Suburban Automotive Consultants, Inc.

Mailing Address P. O. Box 909

City State Zip Code
Troy MI 48099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Richard E. Uihlein

Mailing Address 1396 N. Waukegan Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Uline

Occupation

c.e.o.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.5797

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B. WCY Realty, LLC

Mailing Address 41605 Ann Arbor Road

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.5795

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. WHI, Inc.

Mailing Address 5986 Financial Drive

City

Norcorss

State

GA

Zip Code

30071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.5889

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

175000.00

TOTAL This Period (last page this line number only)..... ►

1150999.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 01 2014
Transaction ID : SB21B.5814

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 03 2014
Transaction ID : SB21B.5816

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 03 2014
Transaction ID : SB21B.5817

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 08 2014
Transaction ID : SB21B.5830

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 08 2014
Transaction ID : SB21B.5839

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 08 2014
Transaction ID : SB21B.5841

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City
TampaState
FLZip Code
33601Purpose of Disbursement
service charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB21B.5943

Amount of Each Disbursement this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

245.00

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 815 Slaters Lane		Amount 56950.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5855 Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2014
Purpose of Expenditure media placement	Category/ Type		
Name of Federal Candidate Gregory John Orman	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought	1060141.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1060141.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 815 Slaters Lane		Amount 1830133.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5871	
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2014	
Name of Federal Candidate Mary Michelle Nunn		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		3414380.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 815 Slaters Lane		Amount 100000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5872	
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate Mary Michelle Nunn		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		3514380.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1930133.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Nancy H. Watkins		Date MM / DD / YYYY 10 / 23 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		

Full Name of Payee American Viewpoint, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 300 N. Lee Street, #400			Amount 32500.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5904		
Purpose of Expenditure research		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014		
Name of Federal Candidate Gregory John Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 1133017.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Axis Research, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014		
Mailing Address 107 S. West Street PMB 148			Amount 26600.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5813		
Purpose of Expenditure research		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014		
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 5043759.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

Signature _____
 [Electronically Filed]

Date MM / DD / YYYY
 10 / 23 / 2014

Full Name of Payee CD, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014	
Mailing Address P. O. Box 1877		Amount 20000.00	
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.5901
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014
Name of Federal Candidate Gregory John Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		1100517.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	73100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Crossroads Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 66 Canal Center Plaza Suite 555		Amount 125513.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5829
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2014
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2011756.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014	
Mailing Address 174 Waterfront Street, Suite 500		Amount 14861.22	
City National Harbor	State MD	Zip Code 20745	Transaction ID : SE.5864
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014
Name of Federal Candidate Mary Michelle Nunn		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		3529242.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140374.22	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nancy H. Watkins		Date MM / DD / YYYY 10 / 23 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 174 Waterfront Street, Suite 500			Amount 262402.66		
City National Harbor		State MD	Zip Code 20745		Transaction ID : SE.5865
Purpose of Expenditure direct voter contact		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014	
Name of Federal Candidate Mary Michelle Nunn			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 3791644.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address P. O. Box 16504			Amount 12170.00		
City Alexandria		State VA	Zip Code 22302		Transaction ID : SE.5869
Purpose of Expenditure media production		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014	
Name of Federal Candidate Mary Michelle Nunn			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 3856914.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			274572.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nancy H. Watkins</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 23 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					

Full Name of Payee McCarthy Hennings Media, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1850 M Street, N.W., #235			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1277.32</div>		
City Washington	State DC	Zip Code 20004	Transaction ID : SE.5831 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure media production		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013033.51</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee McCarthy Hennings Media, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1850 M Street, N.W., #235			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20376.67</div>		
City Washington	State DC	Zip Code 20004	Transaction ID : SE.5853 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure media production		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate Gregory John Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1080517.67</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21653.99</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Signature _____ Date

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2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014		
Mailing Address 600 Fairmount Avenue, #306			Amount 443000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.5810		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014		
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 4874290.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2014		
Mailing Address 600 Fairmount Avenue, #306			Amount 100000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.5811		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014		
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 4974290.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	543000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014		
Mailing Address 600 Fairmount Avenue, #306			Amount 234000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.5840		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2014		
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 5277759.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014		
Mailing Address 600 Fairmount Avenue, #306			Amount 114500.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.5861		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014		
Name of Federal Candidate Gary Peters		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 5392259.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	348500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Signature _____ Date MM / DD / YYYY 10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 815 Slaters Lane			Amount 749970.00		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.5895
Purpose of Expenditure media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014		
Name of Federal Candidate Cory Gardner		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		749970.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address 815 Slaters Lane			Amount 749970.00		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.5896
Purpose of Expenditure media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014		
Name of Federal Candidate Mark E. Udall		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		1499940.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1499940.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Nancy H. Watkins		[Electronically Filed]		Date MM / DD / YYYY 10 / 23 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Rick Reed Media, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014		
Mailing Address 2601-A Wilson Blvd.			Amount 42868.80		
City Arlington		State VA	Zip Code 22201		Transaction ID : SE.5812
Purpose of Expenditure media production		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate Gary Peters			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			5017159.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42868.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5993383.67		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Nancy H. Watkins			[Electronically Filed]		Date MM / DD / YYYY 10 / 23 / 2014